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# OHA Updates

October 4, 2022

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# Engagement updates

- **Tribal:** SUD 1115 Bridge to the Bridge DTLL about temporary Medicaid expansion in Phase 1 released to Tribes on 8/22
- **CMS:** ongoing conversations regarding Tribal component of Bridge to the Bridge
- **Carriers:** completed kick off meeting (9/20) and meeting to discuss the subsidy program (9/30); next meeting to refine subsidy program (10/14)
- **CCOs:** completed kick off meeting (9/22); next meeting on plan design (10/13)

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# CCO Health-Related Services

October 4, 2022

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# Health-Related Services Definition

## **HEALTH-RELATED SERVICES:**

Services beyond members' covered benefits to improve care delivery, and support overall member and community health and well-being.

## **FLEXIBLE SERVICES:**

Cost-effective services delivered to an individual OHP member to supplement covered benefits and improve their health and well-being.

## **COMMUNITY BENEFIT INITIATIVES:**

Community-level interventions that include — but are not limited to — OHP members and are focused on improving population health and health care quality.

**Includes health  
information  
technology  
investments**

More details in Code of Federal Regulations ([45 CFR 158.150](#), [45 CFR 158.151](#)) and Oregon Administrative Rule ([OAR 410-141-3845](#))

# HRS Criteria

Must meet OHA HRS definition and these four criteria ([45 CFR 158.150](#)):

1. Be designed to improve health quality;
2. Increase the likelihood of desired health outcomes in ways that can be objectively measured and produce verifiable results and achievements;
3. Be directed toward either individuals or segments of enrollees, or provide health improvements to the population beyond those enrolled without additional costs for the non-members; **AND**
4. Be grounded in evidence-based medicine, widely accepted best clinical practice or criteria issued by accreditation bodies, recognized professional medical associations, government agencies, or other national health care quality organizations

# Health-Related Services Criteria

To improve health quality, must be designed to do at least one criteria:

- Improve health outcomes & reduce health disparities;
- Prevent hospital readmissions;
- Improve patient safety, reduce medical errors, lower infection and mortality rates;
- Increase focus on wellness and health promotion activities; **OR**
- Support Health information technology (HIT) improvements

# Excluded from HRS

- ✗ Covered OHP benefits for the member
- ✗ Initiatives that are designed primarily to control or contain costs
- ✗ Provider credentialing costs
- ✗ Fraud, waste and abuse prevention activities
- ✗ Services paid for with external grants or other non-Medicaid funds
- ✗ Administrative expenses, such as continuing education for providers and staff
- ✗ Capital investments in “brick and mortar” facilities
- ✗ Advertising or corporate sponsorships

# CCO Health-Related Services (HRS)

HRS is an innovative model of care that allows providers, members, and the community to request non-covered member services and community interventions.

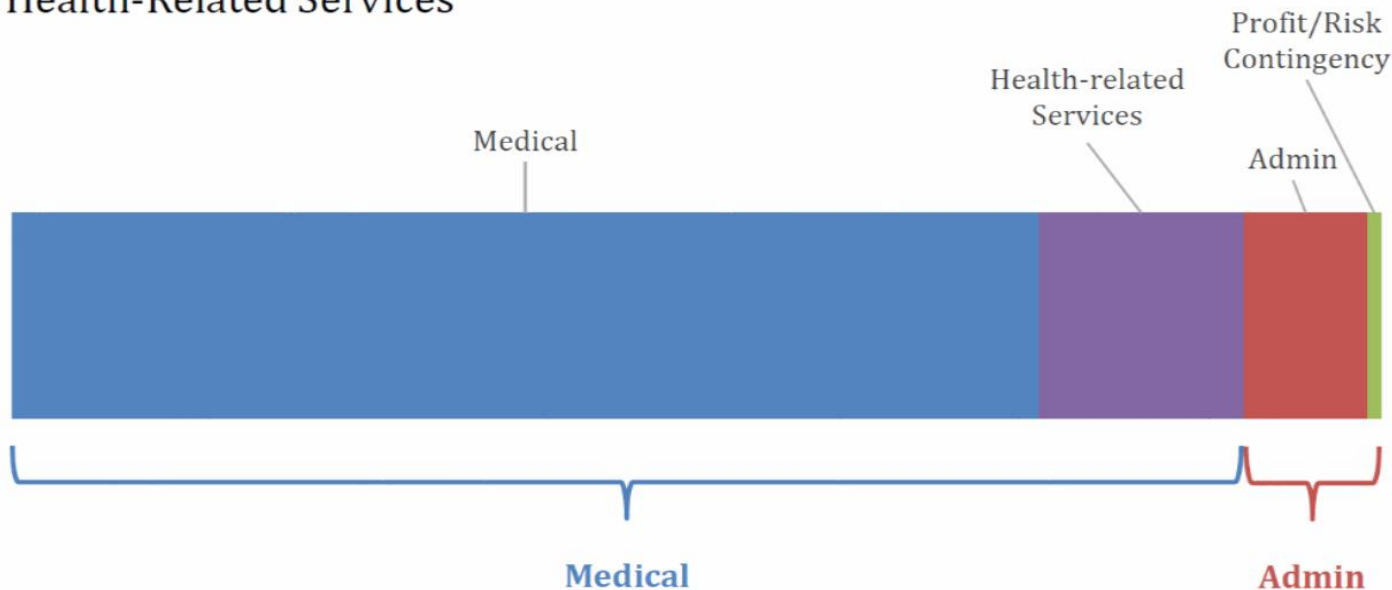
- CCOs use the global budget to pay for HRS; there is no other specific funding source for HRS.
- As a non-covered benefit, HRS is optional for CCOs and members are not able to appeal denied HRS requests.
- All CCOs do regularly spend on HRS and 2021 spending ranged from:
  - 0.19% to 2.68% of total CCO spending
  - \$0.51 to \$10.70 per member per month



# HRS and the Medical Loss Ratio (MLR)

Allows HRS spending on non-covered services be included with the medical expenditures in MLR and helps CCOs meet the state's MLR standard.

Figure 1: Example of Medical Loss Ratio Calculation and Health-Related Services

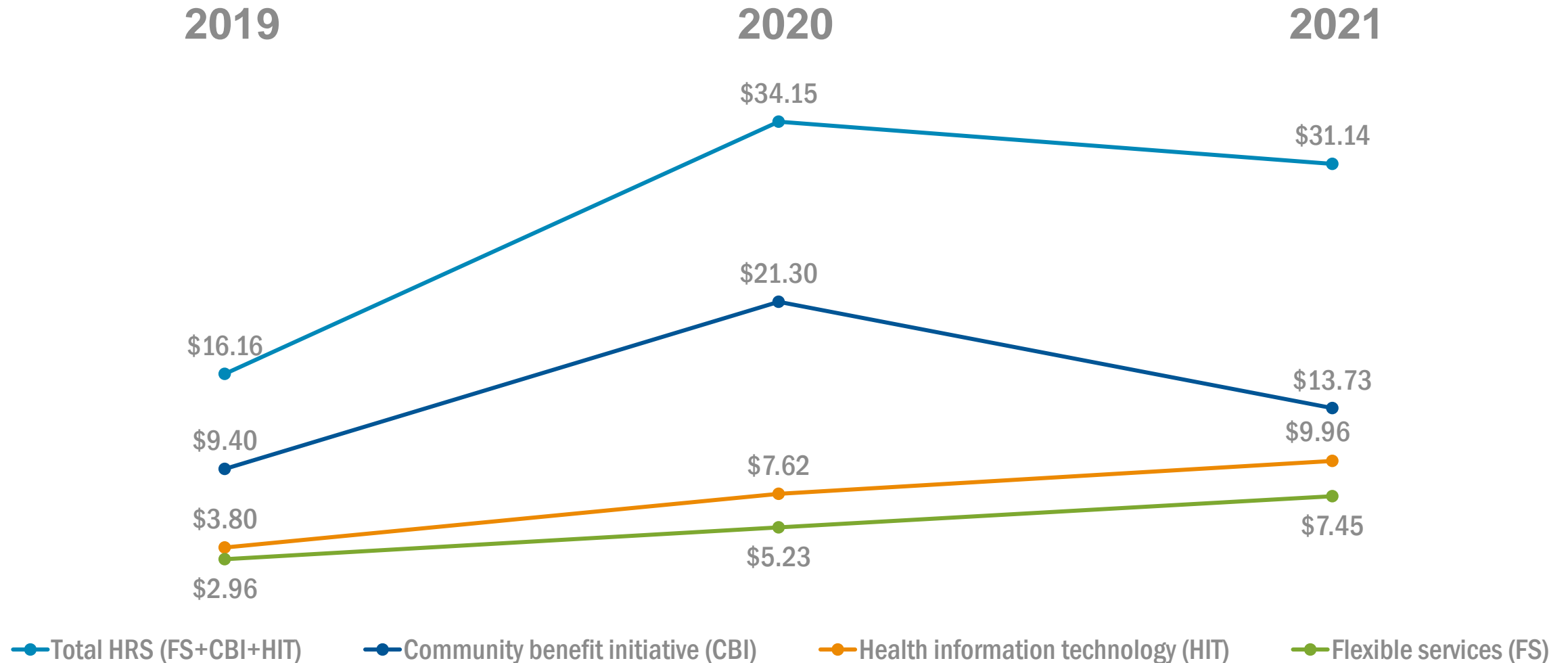


# HRS and Performance Based Reward (PBR)

Incentivizes CCO HRS spending by including HRS in the PBR calculation.

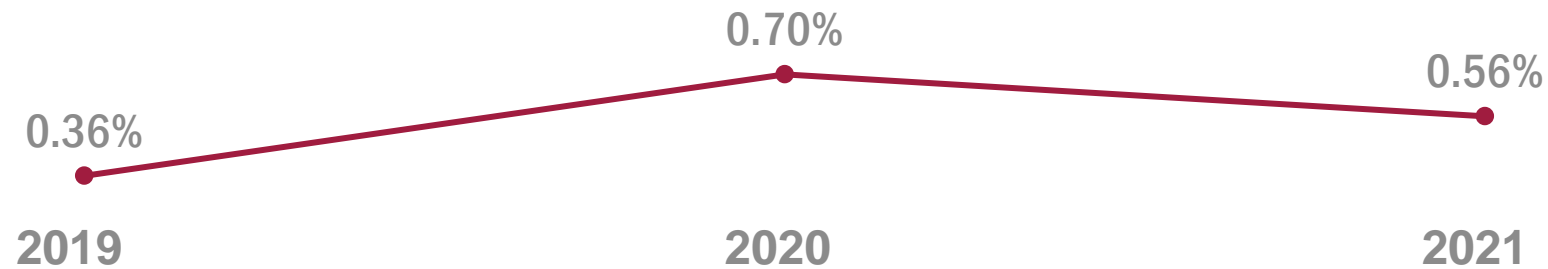
- PBR is calculated as part of the rate-setting process and is intended to counteract decreases in premium rates due to upstream HRS spending.
- PBR rewards CCOs with a variable profit margin when costs are held below Oregon's cost growth target, efficiency is improved, quality is maintained and CCOs invest in qualified HRS spending.

# Total CCO HRS Spending in Millions by Type

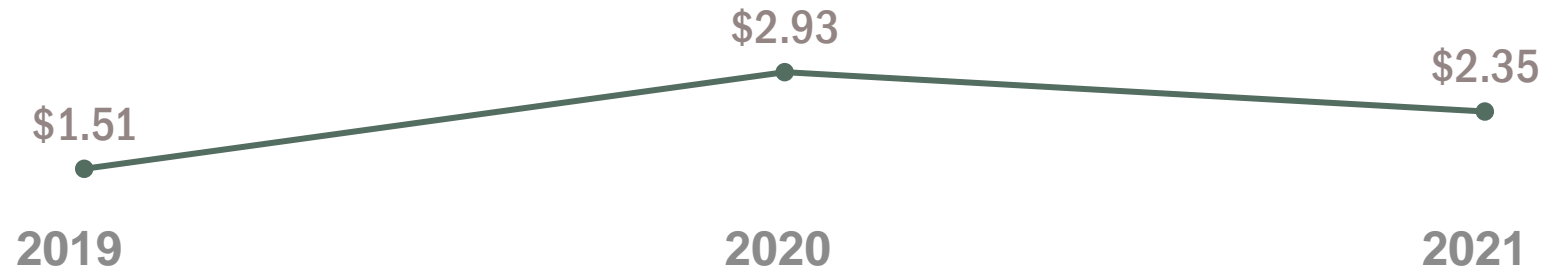


# Average CCO Spending on HRS

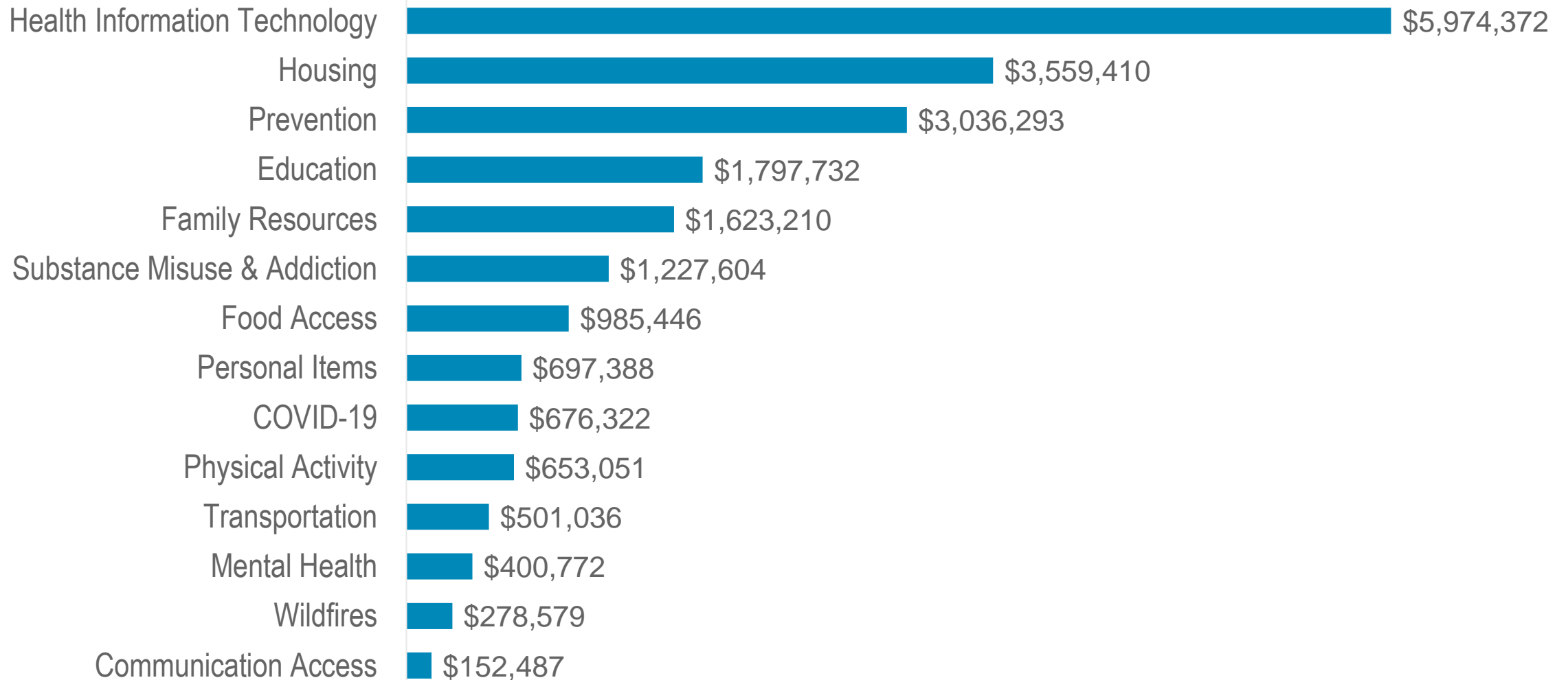
Average HRS spending as a percent of total CCO spending



Average per member per month spending on HRS

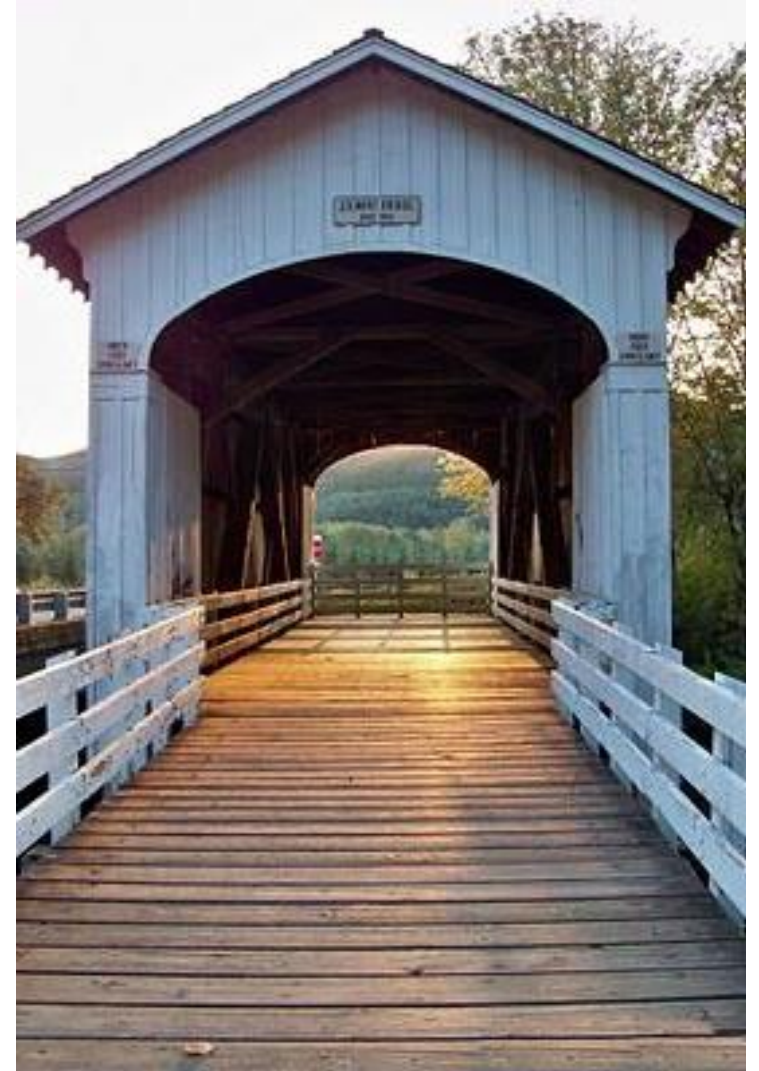


# HRS Spending in Key Areas in 2021



# HRS Going Forward

- Current HRS program uses federal definitions established under the 2017-2022 OHP 1115 Waiver
- HRS will continue under the 2022-2027 OHP Waiver, although the new terms and conditions have slightly different references to the Code of Federal Regulations
- Bridge Program treatment of HRS may differ from Medicaid



# Additional Information

- OHA's [HRS website](#) has guidance, technical assistance, spending summaries, and all CCO HRS policies and procedures
- HRS email address: [Health.RelatedServices@dhsoha.state.or.us](mailto:Health.RelatedServices@dhsoha.state.or.us)
- OHA has an [HRS flexible services information sheet](#) for OHP members